CHANGES IN HEALTH BENEFIT APPEALS PROCESSING

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides changes in the processing of Health Benefits Appeals. *NOTE*: This change has been coordinated with appropriate Veterans Benefits Administration (VBA) and Board of Veterans Appeals (BVA) officials.

2. BACKGROUND

- a. Previously, medical facilities that denied veterans' claims for health benefits and received appeals of these denials from veterans, referred the appeal documentation to the appropriate Regional Office (RO). Subsequent to receiving the documentation, the RO established a Health Benefit appeal record and updated the record as the appeal progressed.
- b. The Department of Veterans Affairs (VA) Claims Processing Task Force Report to the Secretary of Veterans Affairs dated October 3, 2001, recommended that VHA assume the functions of the RO concerning establishing and updating the record as the appeal progressed. It also recommended that medical facilities interact directly with VHA Health Administration Service (HAS) concerning these functions rather than the RO. *NOTE:* Health benefit appeals are also known as medical appeals.
- **3. POLICY:** It is VHA policy that medical facilities interact with HAS regarding appeals originating at medical facilities, e.g., appeals concerning clothing allowances, unauthorized medical expense reimbursement, etc.
- **4. ACTION:** The medical center Director, or designee, is responsible for ensuring:
- a. That HAS establishes health benefit appeal records, as well as updating records and managing the appeal workload.
- b. The forwarding of all health benefit appeal documentation directly to HAS (163), VHA Central Office.
- **5. REFERENCE:** VA Claims Processing Task Force Report to the Secretary of Veterans Affairs dated October 3, 2001.
- **6. FOLLOW-UP RESPONSIBILITY:** The Chief Business Officer is responsible for the content of this Directive.
- **7. RESCISSION:** This VHA Directive will expire September 30, 2007.

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